

# Foster Family Home - Corrective Action Report

Provider ID: 1-140034

Home Name: Lucrecia D. Paraon, CNA

Review ID: 1-140034-6

91-1168 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/23/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.a No Fire drills or documentation of fire drills since 2019

46.(b)(2) Fire extinguisher is in "red" zone, expired

## Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no grab bars around client toilet

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5) Medication administration record has not been documented since 3/18/20 (5 days)

54.(c)(6) personal care flow sheet has not been completed since 3/18/20

Jackie Chamberlain RN  
Compliance Manager

Lucrecia D. Paraon  
Primary Care Giver

3/23/2020  
Date

3/23/2020  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Lucrecia Community Care Foster Family Home  
 CCFFH Address: 91-1166 Kanihiki St. Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45. a	February fire drill can not be corrected. March fire drill done	3/23/20	Put upcoming fire drill dates on the calendar board to make sure not to miss it.
46.(b)(2)	Fire extinguishers are changed brand new	3/25/20	Put upcoming dates on calendar board two months prior to expiration.
49(a)(2)	Grab bars in the toilet rooms installed	3/25/20	Make sure bars or raise toilet seat with grab bars always available when client needs.

..... Lucrecia H. Parson

Print Name: LUKRECIA D. PARSON

Date of Signature: 3/30/20

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report

Chapter 17-1454

CCFFH Name: *Lucenia Community Care Foster Family Home*  
CCFFH Address: *91-1168 Kanihiki St. Ewa Beach, HI 96706*

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
<i>53(b)(5)</i>	<i>Bought new wireless door bell and installed</i>	<i>3/26/20</i>	<i>Make sure to check battery everytime to insure it works</i>
<i>54(c)(5)</i>	<i>Medication record has been updated.</i>	<i>3/23/20</i>	<i>Make sure to sign medication records everyday.</i>
<i>54(d)(6)</i>	<i>Personal care flow sheet has been updated</i>	<i>3/23/20</i>	<i>Make sure to sign personal care flow sheet everyday.</i>

Primary Caregiver's Signature: *Lucenia J. Parson*

Print Name *LYCRECIA D. PARSON* Date of Signature: *3/30/20*